| ARIZONA STATE BOARD OF HEALTH State File No | |
|---|---|
| BUREAU OF VITAL STATISTICS 1. PLACE OF BIRTH STANDARD CERTIFICATE OF BIRTH Registered No. | |
| County Jula | State aryona |
| District or Township | |
| City Mami No 40 Frover Canon St., Ward | |
| 2. Full name of child. Rayulo Supplemental report, as directed. | |
| 3. Sex of Child To be answered ONLY 4. Twin, triplet or other | 6. Legitimate? \ |
| Male in event of plural births. 5. No., in order of birth. | of birth Mch. 30-1928. Month Day Year |
| 8. FATHER | 14. O MOTHER |
| Full name Publo Gonzalez | Full maiden name Mercedle Martines: |
| 9. Residence (Usual place of abode) Wiami | 15. Residence (Usual place of abode) Miami |
| If non-resident, give place and state. Aryona | If non-resident, give place and state. Uruna |
| 10. Color or race | 16. Color or race |
| Med 11. Age at last birthday 2. S(Years) | Met. 17. Age at last birthday 24 (Years) |
| 12. Birthplace (city or place) Jalia co | 18. Birthplace (city or place) Julis Co. |
| (State or country) / Mef. | (State or country) \(\text{\text{Mlf}} \). |
| 13. Occupation | 19. Occupation |
| Nature of industry | Nature of industry |
| 20. Number of children of this mother | nd now living 3 21. Were precautions taken against oph- |
| (Taken as of time of birth of child herein } (b) Born alive by | at now dead thalmia neonatorum. |
| CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE * | |
| I hereby certify that I attended the birth of this child, who was form almed at HA. m. on the date shows stated | |
| (* When there was no attending physician) | |
| etc. should make this return. A stillborn child is one that neither breathes nor | |
| shows other evidence of life after birth. Given name added from (Physician or midwife). | |
| a supplemental report. Month, day, year Address/ Wann, Wanna | |
| Filed May 12 1928 66 6 Jrm | |
| Registrar. Registrar: | |
| 9 14 - 330 - 747 | |

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